



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR PERMIT TO HOLD PROFESSIONAL MIXED MARTIAL ARTS EVENT INSTRUCTION SHEET

### Before Applying for a Permit (Part C of the Rules and Regulations, including Section 20.0)

- ☐ Before submitting an application to the Division of Professional Regulation (the "Division"), you must obtain a Designated Agent's approval for the event date. The Division will not grant the permit without the Designated Agent's approval. As Delaware does not have a boxing commission, the Designated Agent will be a representative from another jurisdiction that has a boxing commission.
  - To find out which Designated Agent to contact, call or email: Jean Betley (302) 744-4513  
[jean.betley@state.de.us](mailto:jean.betley@state.de.us)
- ☐ Provide the Designated Agent with proof that you have:
  - ☐ Hired two EMT's, one of whom is a paramedic, with life-saving equipment and life-saving medicines
  - ☐ Hired one or more Delaware-licensed physicians to conduct pre- and post-fight physicals and to be on-site during and directly after the event
  - ☐ Hired security personnel to maintain order and provide for safety during and after the event
  - ☐ Purchased liability insurance per the requirements of the venue
- ☐ Submit the proposed list of matches to the Designated Agent for his review and approval.
- ☐ Obtain a Delaware business license from the Division of Revenue.
- ☐ Confirm that all fighters have a national MMA ID card/number from their state of residence. If a fighter who resides in Delaware does not have a card/number, follow the instructions on the [Application for Mixed Martial Arts National Identification Card](#).

### Applying for a Permit

When you have obtained the Designated Agent's approval of the event date, submit the Permit application and remaining supporting documentation listed below **at least 30 days before the event**.

- ☐ Submit completed, signed and notarized [application form](#).
- ☐ Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- ☐ Submit a copy of insurance cards or other documents covering the scheduled event and each participant.
- ☐ Complete and enclose *Bond Form* following instructions on the form.
  - Promoter is required to post a bond in the amount not less than \$10,000.
  - The surety company must be authorized to do business in Delaware.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
- *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.
- ☐ Send the application, fee and supporting documentation to the address below:

Division of Professional Regulation  
**ATTN: Combative Sports**  
861 Silver Lake Blvd., Suite 203  
Dover DE 19904

**During the Event (Part C of the Rules and Regulations, including Sections 3.0, 7.0, 18.0 and 20.0)**

Representatives of the Division of Professional Regulation will be present during the event.

You are required to make the following supplies available at the event:

- Fight gloves (new, no less than 4-oz., approved by the Division's designated agent)
- Duct tape
- Gauze (one-inch width) and adhesive (one-inch width) for fighter wraps
- Disposable gloves for corner persons
- Water for all fighters and officials
- Clean water buckets
- Stools for both corners
- Hand sanitizer at the equipment table

You are required to reimburse the sanctioning organization for any random drug testing conducted on-site that it deems necessary.



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STATE OF DELAWARE  
**COMBATIVE SPORTS**

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EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**PERMIT FEE: \$260.00**

ATTACH CHECK OR MONEY ORDER MADE PAYABLE  
TO THE "STATE OF DELAWARE" TO APPLICATION.

FOR OFFICIAL USE ONLY:

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**APPLICATION FOR PERMIT TO HOLD PROFESSIONAL MIXED MARTIAL ARTS EVENT**

The promoter must complete this application form. The Division of Professional Regulation must receive all of these items no later than 4:30 PM thirty days before the event:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**PROMOTER INFORMATION**

Name of Business Under Which Event Promoted			Delaware Business License #		
Business Street Address		City		State	Zip Code
Promoter Last Name	First Name	Middle Initial	Social Security Number		
Street Address			Delaware Business License #		
City			State	Zip Code	
Phone	Fax Number	Email Address			
Have you purchased the required medical coverage for each fighter? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide a copy of insurance cards or document covering the scheduled event and each participant.					
<b>Promoter is required to post a bond in the amount not less than \$10,000. The surety company must be authorized to do business in Delaware. Attach Bond Form.</b>					
Surety Company Name		Phone		Amount Of Surety Bond	
Street Address		City		State	Zip Code

**PROMOTER HISTORY**

Have you ever held any license or permit related to mixed martial arts in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all jurisdictions:					
<hr/>					
<hr/>					
<hr/>					
Do you have any interest (financial or otherwise) directly or indirectly with the sanctioning body listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe your interest:					
<hr/>					
<hr/>					
<hr/>					

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**PROMOTER HISTORY (CONTINUED)**

Have you ever been subject to disciplinary action by any athletic commission or by any mixed martial arts licensing authority in any jurisdiction? ☐ YES ☐ NO **If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order:** \_\_\_\_\_

**EVENT INFORMATION**

Name Of Event		Are any championship/title bouts included in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify which bouts this includes: _____ _____ _____ _____			
Street Address Of Location For Event			City	State	Zip Code
Location Contact Last Name	First Name	Middle Initial	Title	Phone	
Date Of Event (MM/DD/YYYY)		Time Of Event			
What is the building seating capacity?		Is there an entrance fee for the spectators? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter entrance fee amount: _____			

**MATCHMAKER INFORMATION**

Last Name		First Name		Middle Initial
Street Address			Email Address	
City			State	Zip Code
Phone	Fax Number			
Has the matchmaker ever held a license/permit related to mixed martial arts in any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, list all licenses:</b>				
License Number	City		State	
License Number	City		State	
License Number	City		State	
License Number	City		State	

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**MATCHMAKER INFORMATION (CONTINUED)**

Is the matchmaker registered with any sanctioning organization? ☐ YES ☐ NO If yes, list all:

Sanctioning Organization	City	State
Sanctioning Organization	City	State
Sanctioning Organization	City	State

**MATCHMAKER HISTORY**

Approximately how many times has the matchmaker matched fighters for mixed martial art events? \_\_\_\_\_

List date and location of the last five events in which the matchmaker matched the fighters:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Has the matchmaker ever been subject to disciplinary action by any athletic commission or by any mixed martial arts licensing authority in any jurisdiction? ☐ YES ☐ NO If yes, explain here and provide supporting information and/or documentation including a copy of the disciplinary decision or order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the matchmaker have an interest of any kind (financial or otherwise) in the promotion? ☐ YES ☐ NO If yes, what interest does he or she have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**APPLICATION FOR PERMIT TO HOLD PROFESSIONAL MIXED MARTIAL ART EVENT  
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**AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Permit to hold a professional or combined professional and amateur mixed martial arts event on behalf of the business entity/individual indicated. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached *Application for Permit to Hold Professional Mixed Martial Arts Event*, which includes combined professional and amateur events, and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed or permitted is grounds for DENIAL or REVOCATION OF PERMIT. The undersigned further deposes and says that Promoter agrees to follow all Delaware laws, rules and regulations governing amateur mixed martial arts events.

_____ Name of Firm/Individual/Applicant	_____ Date
By: _____ Name/Title	

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED PROCESSING FEE WILL BE REJECTED.**

**THE DIVISION RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION**

**More information, including the Rules and Regulations for Mixed Martial Arts Events, is available  
on the Division of Professional Regulation's website at [dpr.delaware.gov](http://dpr.delaware.gov).**



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## BOND FORM FOR COMBATIVE SPORTS EVENTS

### INSTRUCTIONS

- If Principal is a partnership, state all partners at beginning of Bond. All partners must sign the Bond.
- If Principal is a corporation, the president or vice-president **must** sign for the corporation. The secretary, assistant secretary, treasurer or assistant treasurer must attest their signatures.
- The Corporate Surety, if signing by an Attorney In Fact, must attach to the Bond a Power of Attorney bearing a certification date the same as, or after the date of the Bond.
- For out-of-state corporate sureties signed outside of the State of Delaware, a Qualified Delaware Resident Agent must countersign the Bond.

Enclose bond with the permit application and send it to "Combative Sports" at the address above.

**BOND MUST BE ON FILE WITH THE DIVISION BEFORE PERMIT IS ISSUED**

Know all men by these presents, that we \_\_\_\_\_ (Name of Promoter)  
of \_\_\_\_\_ (Address,  
City, State, Zip), hereinafter referred to as the principal, and \_\_\_\_\_ (Bonding Co.-  
Surety), a corporation organized and existing under the laws of the State of \_\_\_\_\_ and authorized to do  
business in the State of Delaware, as surety, are held and firmly bound unto the State of Delaware and the Division of  
Professional Regulation herein after referred to as obligee, in the sum of \$ \_\_\_\_\_ lawful money of the United States  
of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators,  
successors and assigns, firmly by these presents.

The condition of this obligation is such, that whereas, the principal has made application for a permit to the obligee for the  
purpose of a **Combative Sports Event**.

**This bond shall be conditioned upon the faithful performance by the promoter of his obligations under  
Combative Sports Rules and Regulations of the State of Delaware promulgated pursuant to 24 Del. C. §103(b)(1),  
including, but not limited to, the fulfillment of his contractual obligations to contestants, managers and other  
licensees and the payment of all license and permit fees.**

Now, therefore, if the principal shall faithfully comply with all laws, ordinances, rules and regulations which have been or  
may hereafter be in force concerning said registration, and shall save and keep harmless the obligee from all loss or  
damage which it may sustain or for which it may become liable on account of the issuance of said permit to the principal,  
then this obligation shall be void; otherwise, to be and remain in full force and effect.

Any proceeding legal or equitable, under this Bond may be brought in any court of competent jurisdiction in the State of  
Delaware. Notices to Surety and Principal may be mailed or delivered to them at their respective addresses shown below.

This bond will expire on \_\_\_\_\_ (Date), but may be continued by continuation certificate signed by principal  
and surety. The surety may at any time terminate its liability by giving thirty (30) days written notice to the obligee, and  
the surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hand and seals, and such of them as are  
corporations have caused their corporate seal to be hereto affixed and these presents to be signed by their duly  
authorized offices

Signed, Sealed and Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

**PRINCIPAL**

**(If Principal is a corporation, the president or vice-president must sign for the corporation.)**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**(If Principal is a corporation, the secretary, treasurer or their assistants must attest the signatures above.)**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

**BONDING COMPANY**

**(If signed by an Attorney In Fact, attach Power of Attorney.)**

EIN (Federal ID Number): \_\_\_\_\_

Surety: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**QUALIFIED DELAWARE RESIDENT AGENT**

**(This is required if out-of-state corporate surety signed outside of the State of Delaware.)**

By: \_\_\_\_\_

Title: \_\_\_\_\_

**APPROVAL OF BOND**

*This bond form is approved as to form and legality by:*

Division of Professional Regulation on \_\_\_\_\_ (Date) by \_\_\_\_\_, **Director**